

Wednesday, March 20, 2013

To Members of the CT General Assembly Public Health Committee,

I am writing to give testimony regarding (Raised Act) SB 1128, "An act concerning immunizations for health care employees". I am an RN and will be at work while your committee is meeting, therefore I cannot give my testimony in person. I am, however, very concerned about the language of this bill, specifically its lack of clear exemption for people with allergies and people who require religious exemptions.

Attempting to force individuals to submit to a medical intervention of any kind is bad law to begin with, but to ignore the situations under which persons should be exempt makes it worse. Please take note of the following points:

I. Vaccine Mandates: Policy or Law?

Most mandatory employee vaccines in the U.S. are required by the employer, and not state law. A few states have statutory medical exemptions for healthcare workers. Two states offer religious and medical exemptions for employees (Maryland and Maine); one offers medical, religious and philosophical exemptions (Maine).<sup>[1]</sup> Regardless, the federal law cited below applies. Even where a state requires vaccines for healthcare workers and offers no exemption, federal law supersedes the state law mandate.

II. Title VII of the Federal Civil Rights Act of 1964 and Religious Accommodation.

Title VII makes it "unlawful . . . for an employer . . . to . . . discharge any individual, or otherwise to discriminate against any individual with respect to his compensation, terms, conditions, or privileges of employment, because of such individual's race, color, religion, sex, or national origin." 42 U.S.C. § 2000e-2. Employers are required to accommodate their employees' religious beliefs and practices, unless the employer "demonstrates that he is unable to reasonably accommodate an employee's . . . religious observance or practice without undue hardship on the conduct of the employer's business." 42 U.S.C. 2000e(j). In addition, it is unlawful for employers "controlling apprenticeship or other training or retraining, including on-the-job training programs to discriminate against any individual because of his . . . religion . . . in admission to, or employment in, any program established to provide apprenticeship or other training."

42 U.S.C. § 2000e-2(d). So, the right to refuse vaccines in the workplace extends to college students doing clinical rotations in local healthcare facilities as well.

As many hospitals have Title VII or other similar policies in place allowing employees to refuse immunizations for religious reasons, there can be no doubt that hospitals can accommodate employees' religious objections to immunizations, generally. More specific support comes from several sources, including:

A. As to flu vaccines specifically, a 2010 review of the flu vaccine literature by the Cochrane Collaboration, an independent, international consortium of medical researchers, issued a WARNING stating that "reliable evidence on influenza vaccines is thin but there is evidence of widespread manipulation of conclusions..." The review also found that "vaccine use did not affect . . . working days lost" and "had no effect on hospital admissions or complication rates."<sup>[2]</sup>

B. The widely accepted herd immunity theory tells us that so long as most in a population are immune, all are protected.

C. According to the CDC, even in the best years 5% - 15% of vaccinated persons do not develop immunity,<sup>[3]</sup> while according to JAMA, student exemption rates run around 1% - 2.5%.<sup>[4]</sup> So, there are far more non-immune vaccinated persons than exempt persons. Further-more, the CDC tells us that non-vaccinated persons may develop natural immunity, and without necessarily developing symptoms.<sup>[5]</sup> So even where immuno-compromised patients are concerned, there is no medical justification for excluding the occasional exempt employee from working with even these patients, unless the hospital is testing all relevant employees, vaccinated or not, to determine their immune status. Bottom line: Vaccination status is not a reliable indicator of immune status.

D. The AMA and the CDC endorsed non-mandatory flu vaccine policies during the 2009-2010 swine flu pandemic.<sup>[6][7]</sup> Clearly, these agencies contemplated at least some non-vaccinated employees, even during a declared pandemic.

E. A recent study revealed that flu vaccines are 60% effective. However, the 60% figure was the "relative" risk reduction (rounded up); the "actual" risk reduction was a trivial 1.5%.<sup>[8]</sup> Accordingly, flu vaccines are of questionable benefit.

F. A recent study revealed that vitamin D supplements protect against the flu better than flu shots.<sup>[9]</sup>

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<sup>[1]</sup> Centers for Disease Control and Prevention, Vaccines & Immunizations, State Immunization Laws for Healthcare Workers and Patients, <http://www2a.cdc.gov/nip/StateVaccApp/statevaccsApp/default.asp>

<sup>[2]</sup> Vaccines for preventing influenza in healthy adults, <http://www2.cochrane.org/reviews/en/ab001269.html>

StateVaccApp/statevaccsApp/default.asp

<sup>[3]</sup> Centers for Disease Control and Prevention, Vaccines and Immunizations, Misconception #2. The majority of people who get disease have been vaccinated, <http://www.cdc.gov/vaccines/vac-gen/6mishome.htm>

<sup>[4]</sup> Non-medical Exemptions to School Immunization Requirements, The Journal of the American Medical Association, <http://jama.ama-assn.org/content/296/14/1757.full>

<sup>[5]</sup> Centers for Disease Control and Prevention, Vaccines and Immunizations, Glossary, "Asymptomatic infection: The presence of an infection without symptoms. Also known as inapparent or subclinical infection." <http://www.cdc.gov/vaccines/about/terms/glossary.htm>

[6] *AMA meeting: No flu shot mandate for doctors; hand sanitizer pushed*, <http://www.ama-assn.org/amednews/2009/11/23/prsd1123.htm>

[7] Vaccine News and Commentary from the University of Pennsylvania Centers for Bioethics, <http://blog.vaccineethics.org/2010/06/cdc-declines-to-endorse-mandatory-flu.html>, citing 75 Fed. Reg. 35497 (June 10, 2010)

[8] Flu Shots, Fosamax and Pharmaceutical Fakery: The Common Use of Misleading Statistics in the Medical Literature, Gary G. Kohls, M.D., Dec. 3, 2011, <http://www.thepeoplesvoice.org/TPV3/Voices.php/2011/12/03/flu-shots-fosamax-and-pharmaceutical-fak?tempskin=basic>

[9] Vitamin D Proves Better Than Flu Vaccine, health freedom alliance, March 16, 2010, <http://healthfreedom.org/2010/03/16/vitamin-d-proves-better-then-flu-vaccine/>

[9] *AMA meeting: No flu shot mandate for doctors; hand sanitizer pushed*, <http://www.ama-assn.org/amednews/2009/11/23/prsd1123.htm>

## What are CDC's current estimates of flu vaccine effectiveness this season?

CDC's mid-season VE estimates were published on February 21, 2013, in a Morbidity and Mortality Weekly Report entitled: "[Interim Adjusted Estimates of Seasonal Influenza Vaccine Effectiveness—United States, February 2013](#)". Overall, the VE estimate for protecting against having to go to the doctor because of flu illness was 56% for all age groups (95% confidence interval: 47% to 63%). (For background information on understanding VE estimates and confidence intervals, see [Vaccine Effectiveness – How Well Does the Flu Vaccine Work?](#) and go to the questions: "How does CDC present data on vaccine effectiveness" and "Why are confidence intervals important for understanding vaccine effectiveness?") This VE estimate means that getting a flu vaccine this season reduced the vaccinated population's risk of having to go to the doctor because of the flu by more than half. However, VE can vary across age groups and across different flu viruses, so CDC further analyzed the VE estimates to adjust for these factors. When broken down by different age groups, the VE against flu A and B viruses ranged from 27% in people 65 and older to 64% in children (aged 6 months to 17 years old).

When looking at flu virus specific VE, effectiveness against flu A (H3N2) virus – which was the main virus spreading this season – was estimated to be 47% (95% CI: 35% to 58%), while effectiveness against flu B was 67% (95% CI: 51% to 78%) for all ages. (Note: There were not enough flu A (H1N1) viruses detected at the beginning of the flu season to make an early estimate of how well the flu vaccine was specifically working against those viruses.)

These results indicate that vaccination with the 2012-2013 flu season vaccine reduced the risk of flu-associated medical visits from flu A (H3N2) viruses by one half and from flu B viruses by two-thirds for most of the population. Overall, VE estimates suggest that the 2012-2013 flu vaccine has moderate effectiveness for most people against the flu viruses spreading in the United States, similar to previously published reports. The one exception to this was the VE among people 65 and older against flu A (H3N2)

viruses, which was lower. The single point estimate for VE in this age group was 9% (95% CI: -84% to 55%). Note that because the confidence interval crossed zero for the 65 and older age group, this estimate is not statistically significant, and therefore, the results should be interpreted with caution. Overall, this estimate means that vaccine effectiveness was lower than expected in this age group against flu A (H3N2) viruses. (For background information on understanding VE estimates and confidence intervals, see [Vaccine Effectiveness – How Well Does the Flu Vaccine Work?](#) and go to the questions: “How does CDC present data on vaccine effectiveness” and “Why are confidence intervals important for understanding vaccine effectiveness?”)

These overall vaccine effectiveness estimates are within the range expected during flu seasons when most flu viruses spreading and causing illness are like the viruses the flu vaccine is designed to protect against, which is the case this season. These findings also are similar to those published in a recent review of VE studies ([Osterholm et al., 2011](#)), from randomized controlled trials and observational studies. In addition, the estimates also are consistent with mid-season flu VE estimates for preventing flu treated by a physician in [Canada](#) and the [United Kingdom](#) published in the journal [Eurosurveillance](#) on January 31, 2013."

**The preceding excerpt from the CDC's website is further proof that even in a best case scenario, only a little more than half of those immunized will develop immunity.**

**It may also interest the committee to learn that Merck and several other vaccine manufacturers produce some of their vaccines including flu and swine flu using aborted fetal stem cell lines. They do this knowing that their product is morally abhorrent to many people despite a letter writing campaign and a boycott of their products.**

Given the above, it is clear that hospitals can, and therefore must, reasonably accommodate their employees' religious objections to vaccines.

*Ellen Pappalardo RN, IBCLC*

70 Linden St.

New Britain, CT 06051

860-223-0105

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